

View and Compare Your Medicare Plan Options - Humana



Need Help? Call a licensed sales agent 1 - 844 - 575 - 7344

TTY Users: 711 | 8 a.m. to 8 p.m. Monday - Friday



Your Location 64101 - JACKSON, MO [Change](#)

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2016 plans listed below

20 available plans in your area

9 Medicare Advantage Plans
[\(view plans below\)](#)

Medical coverage
included

Prescription drug
coverage included in 6
plans

3 Prescription Drug Plans
[\(view plans below\)](#)

Medical coverage
not included

Prescription drug
coverage included

**8 Medicare Supplement
Plans** [\(view plans below\)](#)

Medical coverage
included

Prescription drug
coverage not included

Personalize your results

[Add your doctors and hospitals](#)

Compare up to 3 plans

Filter plans by **Premium lowest to highest**

9 Medicare Advantage plans

Compare **HumanaChoice PPO** [View Details](#) **\$0.00** per month **Enroll now**
PPO R5826-067 [Why is this \\$0?](#)

Medical	Prescription Drug	Additional Services
Coverage included	Coverage	24 Hour Nurse Advice Line
Annual Medical	not included	included
Deductible: \$500.00	View plan details, with	
Add your doctors & hospitals	premium, deductible and your	
	pay limits for covered services:	
	Summary of Benefits (English)	
	Summary of Benefits (Spanish)	

\$0.00 per month

Enroll now



View and Compare Your Medicare Plan Options - Humana

Compare **Humana Gold Plus HMO** **Why is this \$0?**

[View Details](#)
HMO H2649-012

Medical	Prescription Drug	Additional Services
Coverage included	Coverage	24 Hour Nurse Advice Line
Annual Medical	not included	included
Deductible: \$0.00	View plan details, with premium, deductible and your pay limits for covered services:	
Add your doctors & hospitals	Summary of Benefits (English) Summary of Benefits (Spanish)	

Compare **Humana Gold Plus HMO** **\$0.00** per month **Enroll now**

[View Details](#)
HMO H2649-024

Why is this \$0?

Medical	Prescription Drug	Additional Services
Coverage included	Coverage included	24 Hour Nurse Advice Line
Annual Medical	Annual prescription	included
Deductible: \$0.00	deductible: \$350.00	
Add your doctors & hospitals	View a summary of premium, deductible and pay limits for covered prescription services:	
	Summary of Benefits (English) Summary of Benefits (Spanish)	

Compare **Humana Gold Choice PFFS** **\$22.00** per month **Enroll now**

[View Details](#)
PFFS H8145-120

Medical	Prescription Drug	Additional Services
Coverage included	Coverage	24 Hour Nurse Advice Line
Annual Medical	not included	included
Deductible: \$0.00	View plan details, with premium, deductible and your pay limits for covered services:	
Add your doctors & hospitals	Summary of Benefits (English) Summary of Benefits (Spanish)	

Compare **Humana Gold Plus HMO SNP-DE** **\$26.10** per month **Enroll now**

[View Details](#)
HMO H2649-028

Medical	Prescription Drug	Additional Services
Coverage included	Coverage included	24 Hour Nurse Advice Line
Annual Medical	Annual prescription	included

View and Compare Your Medicare Plan Options - Humana

Deductible: \$166.00

Add your doctors & hospitals

View a summary of premium, deductible and pay limits for covered prescription services:

Summary of Benefits (English)

Summary of Benefits (Spanish)

Humana Gold Plus HMO

View Details

HMO H2649-004

\$34.00

per month

Enroll now

Medical

Coverage included

Annual Medical

Deductible: \$0.00

Add your doctors & hospitals

Prescription Drug

Coverage included

Annual prescription

deductible: \$0.00

View a summary of premium, deductible and pay limits for covered prescription services:

Summary of Benefits (English)

Summary of Benefits (Spanish)

Humana Gold Choice PFFS

View Details

PFFS H8145-125

\$76.00

per month

Enroll now

Medical

Coverage included

Annual Medical

Deductible: \$0.00

Add your doctors & hospitals

Prescription Drug

Coverage included

Annual prescription

deductible: \$250.00

View a summary of premium, deductible and pay limits for covered prescription services:

Summary of Benefits (English)

Summary of Benefits (Spanish)

HumanaChoice PPO

View Details

PPO H1716-001

\$81.00

per month

Enroll now

Medical

Coverage included

Annual Medical

Deductible: \$500.00

Add your doctors & hospitals

Prescription Drug

Coverage included

Annual prescription

deductible: \$250.00

View a summary of premium, deductible and pay limits for covered prescription services:

HumanaChoice PPO

View Details

PPO H1716-001

\$81.00

per month

Enroll now

#00003

View and Compare Your Medicare Plan Options - Humana

Compare

Summary of Benefits
(English)
Summary of Benefits
(Spanish)

HumanaChoice PPO R5826-010

\$118.00 per month

Enroll now

Medical	Prescription Drug	Additional Services
Coverage included	Coverage included	24 Hour Nurse Advice Line
Annual Medical	Annual prescription	included
Deductible: \$1,000.00	deductible: \$360.00	
Add your doctors & hospitals	View a summary of premium, deductible and pay limits for covered prescription services:	

Compare up to 3 plans

Back to top

3 Prescription Drug Plans

Compare

View Details
Humana Prescription Drug

Humana Walmart Rx Plan PDP

\$18.40 per month

Enroll now

Medical Coverage	Prescription Drug
not included	Coverage included
	Annual prescription
	deductible: \$360.00
	View a summary of premium, deductible and pay limits for covered prescription services:

Compare

View Details
Humana Prescription Drug

Humana Preferred RX Plan PDP

\$24.80 per month

Enroll now

Medical Coverage	Prescription Drug
not included	Coverage included
	Annual prescription
	deductible: \$360.00
	View a summary of premium, deductible and pay limits for covered prescription services:

View and Compare Your Medicare Plan Options - Humana

Compare

Summary of Benefits
(English)
Summary of Benefits
(Spanish)

Humana Enhanced PDP

View Details

Humana Prescription Drug

\$65.20 per month

Enroll now

Medical Coverage

not included

Prescription Drug

Coverage included

Annual prescription deductible: \$0.00

View a summary of premium, deductible and pay limits for covered prescription services:

Summary of Benefits
(English)
Summary of Benefits
(Spanish)

Compare up to 3 plans

Back to top

8 Medicare Supplement Plans

Compare

Humana Medicare Supplement High Deductible Plan F

View Details

\$60.39 per month

Discount Details

Preferred

View Rates

Enroll now

Medical Coverage

included

Annual Plan Deductible: \$2,180.00

Prescription Drug

Coverage not included

Additional Benefits

Dental not included

Vision not included

* NA (There are no doctor or hospital networks with Medicare Supplement plans.)

Compare

Humana Medicare Supplement Plan K

View Details

\$88.96 per month

Discount Details

Preferred

View Rates

Enroll now

Medical Coverage

included

Annual Medical Deductible: \$166.00

Prescription Drug

Coverage not included

Additional Benefits

Dental not included

Vision not included

View and Compare Your Medicare Plan Options - Humana

* NA (There are no doctor or hospital networks with Medicare Supplement plans.)

Compare

Humana Medicare Supplement Plan L

[View Details](#)

\$125.64

per month

Enroll now

[Discount Details](#)

[Preferred](#)

[View Rates](#)

Medical Coverage	Prescription Drug Coverage	Additional Benefits
included		
Annual Medical	not included	Dental not included
Deductible: \$166.00		Vision not included

* NA (There are no doctor or hospital networks with Medicare Supplement plans.)

Compare

Humana Medicare Supplement Plan N

[View Details](#)

\$143.67

per month

Enroll now

[Discount Details](#)

[Preferred](#)

[View Rates](#)

Medical Coverage	Prescription Drug Coverage	Additional Benefits
included		
Annual Medical	not included	Dental not included
Deductible: \$166.00		Vision not included

* NA (There are no doctor or hospital networks with Medicare Supplement plans.)

Compare

Humana Medicare Supplement Plan A

[View Details](#)

\$153.19

per month

Enroll now

[Discount Details](#)

[Preferred](#)

[View Rates](#)

Medical Coverage	Prescription Drug Coverage	Additional Benefits
included		
Annual Medical	not included	Dental not included
Deductible: \$166.00		Vision not included

* NA (There are no doctor or hospital networks with Medicare Supplement plans.)

\$166.56

per month

Enroll now

Humana Medicare Supplement		- \$10.63	Discount
Compare	Plan B View Details	Details	Preferred View Rates
Medical Coverage	Prescription Drug	Additional Benefits	
included	Coverage	Dental not included	
Annual Medical	not included	Vision not included	
Deductible: \$166.00			

* NA (There are no doctor or hospital networks with Medicare Supplement plans.)

Compare	Humana Medicare Supplement Plan C	\$200.86 per month -\$12.82 Discount Details Preferred View Rates	Enroll now
	View Details		
	Medical Coverage included	Prescription Drug Coverage	Additional Benefits
	Annual Medical Deductible: \$0.00	not included	Dental not included Vision not included

* NA (There are no doctor or hospital networks with Medicare Supplement plans.)


	Humana Medicare Supplement Plan F View Details	\$204.89 per month - \$13.08 Discount Details Preferred View Rates	Enroll now
Compare	Medical Coverage included Annual Medical Deductible: \$0.00	Prescription Drug Coverage not included	Additional Benefits Dental not included Vision not included

* NA (There are no doctor or hospital networks with Medicare Supplement plans.)

[Back to top](#)

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Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare

To view a Portable Document Format (PDF) file, you need an [Adobe Acrobat Reader](#) 

If you need this software, you can download a free copy from [Adobe](#) 

Need help? Toll Free: 1 - 844 - 575 - 7344 TTY Users: 711

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Accessibility
Resources

Humana is a Medicare Advantage HMO, PPO and PFFS organization and a stand-alone prescription drug plan with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premium and/or member cost-share may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

Premium, co-pays, co-insurance, and deductibles may vary based on the level of extra help you receive. Please contact the plan for further details.

A Private fee-for-service plan is not Medicare supplement insurance. Providers who do not contract with our plan are not required to see you except in an emergency.

Humana MyOption optional supplemental benefits (OSB) are only available to members of certain Humana Medicare Advantage (MA) plans. Members of Humana plans that offer OSBs may enroll in OSBs throughout the year. Benefits may change on January 1st each year.

Enrollees must continue to pay the Medicare Part B premium, their Humana plan premium, and the OSB premium.

Other pharmacies are available in our network.

The pharmacy network and provider network may change at any time. You will receive notice when necessary.

Humana's pharmacy network offers limited access to pharmacies with preferred cost sharing in urban areas of AL, CA, CT, DC, DE, GA, IA, IL, IN, KY, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NH, NJ, NY, OH, OR, PA, PR, RI, SC, SD, TN, VA, VT, WA, WI, WV, WY; suburban areas of AZ, CA, CT, DE, HI, IL, IN, MA, MD, ME, MI, MN, MO, MT, ND, NH, NJ, NY, OH, OR, PA, PR, RI, VT, WA, WV; and rural areas of AK, DC, IA, MN, MT, ND, NE, SD, VT, WY. There are an extremely limited number of preferred cost share pharmacies in urban areas in the following states: CT, MA, MI, MO, MS, NC, NY, OH, RI, SC and VT. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including pharmacies with preferred cost sharing, please call Customer Care at 1-800-281-6918 (TTY: 711) or consult the online pharmacy directory at [Humana.com](#).

Star Ratings & Summary of Benefits information for New York Medicare Advantage plan H3533-005 are also available in Chinese. They can be viewed by clicking [here](#).

Y0040_GHHJFMZEN Approved

Last Updated: 9/24/2015

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